

**ANTELOPE VALLEY MEDICAL CENTER
INFORMATION TECHNOLOGY POLICY & PROCEDURE MANUAL**

POLICY NUMBER: IT-IM.130

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SUBJECT: ACCESS AND USAGE

ATTACHMENT A

ACKNOWLEDGEMENT FORM

Please sign the form and submit it to Information Technology for filing.

By signing below, the individual requesting to use Antelope Valley Hospital's computing resources hereby acknowledges receipt of and compliance with the Access and Usage Policy as well as all applicable IT policies.

After completion, the form is filed in a folder specifically dedicated to this form (for contract workers, etc.), and maintained by the Information Technology Department. These acknowledgment forms are subject to internal audit.

ACKNOWLEDGMENT

AVH : Volunteers, Temporary Workers, Physicians, Consultants, Contract Workers

I have read the Antelope Valley Healthcare District (AVHD) IT Access and Usage Policy. I understand the contents and I agree to comply with the said policy.

Business Partners and Vendors

I have read the Antelope Valley Healthcare District (AVHD) IT Access and Usage Policy. I understand the contents and I agree to comply with the said policy, to the extent applicable, and provided policy is consistent with vendor policies and procedures and not contrary to any written agreement between both parties. I have the proper authority to represent my company during access to the AVHD Computer Resources. I will ensure that I will read, understand and comply with this policy prior to accessing utilizing any of the AVHD computer resources.

Effective Date: _____ ID # : _____

Department/ Company : _____ Title : _____

Name : _____ DOB : _____

Email: _____ Phone Number : _____

Signature : _____ Date : _____